



# ARLINGTON COUNTY POLICE DEPARTMENT

## PERSONNEL AND RECRUITMENT UNIT

*1425 NORTH COURTHOUSE ROAD  
ARLINGTON, VA 22201  
PHONE: (703) 228-4330 - FAX: (703) 228-0485*

### PRELIMINARY HISTORY STATEMENT

1. Each applicant is hereby advised that the contents of this booklet are held strictly **confidential** and no information is disseminated to any person except when essential to the conduct of proper official police business. **Further, that the omission or falsification of any material fact is cause for the disqualification or dismissal of the applicant.** Every answer herein will be checked during the polygraph examination.
2. All questions must be answered completely and accurately. All questions that require a “yes” or “no” response must be checked in the space provided. **If additional space is needed, entry should be continued on a separate sheet(s) of paper. Each answer should be numbered to correspond with the number of the question in this form.**
3. When sending your background packet by any type of express mail, make sure you request a signature from the **recipient** it is delivered to.

**THIS FORM IS PDF FILLABLE/SAVABLE.**

**\* PLEASE USE A COMPUTER WHEN COMPLETING THIS FORM \***

**ALWAYS KEEP A COPY FOR YOUR RECORDS IN CASE SOMETHING HAPPENS TO IT. DO NOT ENCLOSE DOCUMENTS THAT HAVE NOT BEEN REQUESTED!**

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**ARLINGTON COUNTY POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

**PERSONAL DATA**

*Position applied for:* \_\_\_\_\_

*1. Name (last, first middle)* \_\_\_\_\_ *Maiden name:* \_\_\_\_\_

*2. Present Address: (Number, Street, City, State, Zip Code)*  
\_\_\_\_\_

*3. Home Telephone:* \_\_\_\_\_ *Cell Telephone:* \_\_\_\_\_ *E-mail:* \_\_\_\_\_

*4. Social Security #* \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Hair Color:* \_\_\_\_\_ *Eye Color:* \_\_\_\_\_

*Place of Birth (City & State)* \_\_\_\_\_ *Sex:* \_\_\_\_\_ *Race:* \_\_\_\_\_ *Place where you grew up (City & State)* \_\_\_\_\_

*5. If applicable, place of Naturalization (City & State)*  
\_\_\_\_\_

*Date of Naturalization:* \_\_\_\_\_ *Naturalization Certificate Number:* \_\_\_\_\_

*6. Previously used E-mail addresses / social media platforms (Please list all email addresses and usernames)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY

**7. EMPLOYMENT/INTERNSHIP HISTORY** – Include law enforcement internships, military service, self-employment, part-time, and/or unemployment. List all employment in chronological order beginning with your present employer.

**From: (Year)**

**To: (Year)**

**Employer:**

\_\_\_\_\_  
**Job Title:**  
\_\_\_\_\_

**Reason for leaving:**  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**From: (Year)**

**To: (Year)**

**Employer:**

\_\_\_\_\_  
**Job Title:**  
\_\_\_\_\_

**Reason for leaving:**  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**From: (Year)**

**To: (Year)**

**Employer:**

\_\_\_\_\_  
**Job Title:**  
\_\_\_\_\_

**Reason for leaving:**  
\_\_\_\_\_  
\_\_\_\_\_

*From: (Year)*

*To: (Year)*

*Employer:*

*Job Title:*

*Reason for leaving:*

*From: (Year)*

*To: (Year)*

*Employer:*

*Job Title:*

*Reason for leaving:*

*From: (Year)*

*To: (Year)*

*Employer:*

*Job Title:*

*Reason for leaving:*

*From: (Year)*

*To: (Year)*

*Employer:*

*Job Title:*

*Reason for leaving:*

## EDUCATION

**8. EDUCATION** – Begin with the school that you most recently attended and end with the last high school attended. If you received a GED equivalency, record this under the name of the school with other pertinent information. Give the month and year when specifying dates.

**Name of School:** \_\_\_\_\_ **Location: (City, State)** \_\_\_\_\_ **From: (Month & Year)** \_\_\_\_\_ **To: (Month & Year)** \_\_\_\_\_

\_\_\_\_\_  
**Type of Degree / Major:** \_\_\_\_\_ **Date of Graduation:** \_\_\_\_\_ **# of Credit Hours** \_\_\_\_\_

\_\_\_\_\_  
**Name of School:** \_\_\_\_\_ **Location: (City, State)** \_\_\_\_\_ **From: (Month & Year)** \_\_\_\_\_ **To: (Month & Year)** \_\_\_\_\_

\_\_\_\_\_  
**Type of Degree / Major:** \_\_\_\_\_ **Date of Graduation:** \_\_\_\_\_ **# of Credit Hours** \_\_\_\_\_

\_\_\_\_\_  
**Name of School:** \_\_\_\_\_ **Location: (City, State)** \_\_\_\_\_ **From: (Month & Year)** \_\_\_\_\_ **To: (Month & Year)** \_\_\_\_\_

\_\_\_\_\_  
**Type of Degree / Major:** \_\_\_\_\_ **Date of Graduation:** \_\_\_\_\_ **# of Credit Hours** \_\_\_\_\_

\_\_\_\_\_  
**Name of School:** \_\_\_\_\_ **Location: (City, State)** \_\_\_\_\_ **From: (Month & Year)** \_\_\_\_\_ **To: (Month & Year)** \_\_\_\_\_

\_\_\_\_\_  
**Type of Degree / Major:** \_\_\_\_\_ **Date of Graduation:** \_\_\_\_\_ **# of Credit Hours** \_\_\_\_\_

**9. FOREIGN LANGUAGES** – List all foreign languages other than English (including sign language) that you can fluently speak.

**10. SKILLS** – List special skills, training, qualifications, or accomplishments **THAT ARE RELATED** to the position for which you are applying.

**11. Have you ever attended or been enrolled in a Police or Public Safety Academy or school?**

Yes  No  If Yes, give the following:

Name of School: \_\_\_\_\_ Course: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Name of School: \_\_\_\_\_ Course: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

### MILITARY HISTORY

**17. Have you ever been enrolled in a ROTC Program?** Yes No

Did you receive a commission? Yes No (Provide explanation below:)

Branch: \_\_\_\_\_ Dates: \_\_\_\_\_ Rank: \_\_\_\_\_

**18. Have you ever applied to or have been a member of any branch of the Military Services/Armed Forces?**

Yes No If yes, please provide the following:

Branch: \_\_\_\_\_ Service Number: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date Discharged / Pending: \_\_\_\_\_

Highest Rank: \_\_\_\_\_ Duties: \_\_\_\_\_ Discharge: Honorable General Dishonorable

18a. If you received any discharge other than "Honorable", please provide an explanation (do not provide any medically related information).

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19. Are you a member of any **MILITARY RESERVE UNIT** or **NATIONAL GUARD**? Yes  No

**Branch Name:** \_\_\_\_\_ **Rank:** \_\_\_\_\_ **Duties:** \_\_\_\_\_

20. Have you ever been a member of any Foreign or Sovereign Country's Military Service/Armed Forces?

Yes  No  If Yes, give the following:

**Name of Country:** \_\_\_\_\_ **Identification Number:** \_\_\_\_\_ **Discharge Type:** \_\_\_\_\_

21. (A) Were you ever disciplined or did you ever receive a Summary or Deck court-martial (Including Article 15)?

Yes  No

(B) Did you ever appear before any Commanding Officer or Supervisor for disciplinary reasons? (To include verbal or written counseling)?

Yes  No  If Yes, give reasons:

**Date:** \_\_\_\_\_ **Location:** \_\_\_\_\_ **Allegation / Outcome:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Location:** \_\_\_\_\_ **Allegation / Outcome:** \_\_\_\_\_

(C) Were you ever the subject of any criminal investigation or arrest by the military authorities concerning any alleged misconduct on your part? Yes  No  If yes, provide explanation below:



22. Have you ever been turned down, denied entry, or rejected by any branch of the Armed Forces or Military Service for any reason (Exclude medical reasons)?

Yes No If Yes, give the following:

Date: Branch: Reasons:

23. Have you ever had a security clearance? Yes No

Issuing Agency: Type of Clearance:

24. Were you ever denied a security clearance? Yes No If yes, please provide details:

### ARREST RECORD

25. Have you ever been investigated, charged or arrested for any Criminal offense as a Juvenile or Adult?

Yes No If Yes, give the following:

Date: Jurisdiction: Charge(s): Disposition:

Date: Jurisdiction: Charge(s): Disposition:

Date: Jurisdiction: Charge(s): Disposition:

Date: Jurisdiction: Charge(s): Disposition:

26. Have you ever been directly or indirectly involved with ANY type of Criminal Investigation? (Will your name appear on any police investigation report, anywhere?) Yes No (If yes, provide details)

**TRAFFIC HISTORY**

**27. In what state are you licensed to drive? Permit Number: Expiration Date:**

**List (ALL) other states in which you have been licensed to operate a motor vehicle (include permit number)**

**Are there any restrictions or special conditions attached to your driver's license?**

**Yes No If Yes, give conditions:**

**28. Have you ever received a traffic summons, citation, or ticket? Include photo enforcement.**

**Yes**       **No**

**Indicate the following in a chronological list ALL, starting with the most recent offense:**

<b>Date:</b>	<b>Issuing Agency:</b>	<b>Charges:</b>	<b>Disposition:</b>
_____	_____	_____	_____
<b>Date:</b>	<b>Issuing Agency:</b>	<b>Charges:</b>	<b>Disposition:</b>
_____	_____	_____	_____
<b>Date:</b>	<b>Issuing Agency:</b>	<b>Charges:</b>	<b>Disposition:</b>
_____	_____	_____	_____
<b>Date:</b>	<b>Issuing Agency:</b>	<b>Charges:</b>	<b>Disposition:</b>
_____	_____	_____	_____
<b>Date:</b>	<b>Issuing Agency:</b>	<b>Charges:</b>	<b>Disposition:</b>
_____	_____	_____	_____

29. *Has your permit or license to drive ever been suspended or revoked?*

*Yes*

*No*

*If YES, give date, time, place, & reason:*

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30. *Has your automobile insurance ever been cancelled?*

*Yes*

*No*

*If YES, please explain:*

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31. *Have you ever been denied automobile insurance?*

*Yes*

*No*

*If YES, please explain:*

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32. *Were you ever the suspect in a HIT and RUN accident?*

*Yes*

*No*

*If YES, please explain:*

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33. *Have you ever VOLUNTEERED to attend a driver improvement course?*

*Yes*

*No*

*Were any points removed from your driving record upon completion of the course?*

*Yes*

*No*

*If Yes, how many? \_\_\_\_\_*

*Date:*

*Jurisdiction:*

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34. *Have you ever been involved in any accidents where you were or could be considered "at-fault"?*

*Yes*

*No*

*If Yes, give a complete chronological listing of all accidents. Indicate if it was investigated by Police and if a charge was made:*

*Date:*

*Jurisdiction:*

*Investigation:*

*Charge:*

<i>Date:</i>	<i>Jurisdiction:</i>	<i>Investigation:</i>	<i>Charge:</i>
_____	_____	_____	_____
<i>Date:</i>	<i>Jurisdiction:</i>	<i>Investigation:</i>	<i>Charge:</i>
_____	_____	_____	_____

*Was alcohol involved in any of these accidents? If so, please explain:*

**FINANCIAL HISTORY**

**35. Have you ever filed or been adjudicated bankrupt?**

*Yes*       *No*

*If Yes, please give dates of discharge of bankruptcy:      Location:*

*Give pertinent details:*

**36. Are you now or have you ever been a party to a civil suit?**

*Yes*       *No*

*If Yes, give details such as date, place, court, amount of each judgment, and final disposition:*

**37. Have you ever been deemed "Not Credible" in any court?**

*Yes*       *No*

*If Yes, give details such as date, place, Court, and why:*

**38. Do you pay alimony or child support?**

*To/From:      Amount per month:      Amount per year:*

*Yes*       *No*

**Do you receive alimony or child support?**

*Yes*       *No*

*If Yes to either question, list to or from whom:*

**39. Do you have any unpaid TAXES or FINES?**

Yes       No

*If Yes, give details:*

## SUBVERSIVE ACTIVITIES

**40. Are you a member of, or have you ever been a member of, any communist, subversive organization, or any political organization which advocates the overthrow of our constitutional form of government in the United States?**

Yes       No

**41. Do you have a membership in or any affiliation with, any group, association, or organization, which advocates or lends support to any organization or movement advocating the overthrow of our constitutional form of government in the United States?**

Yes       No      *If Yes to either of these questions, give complete details:*

**42. Are you now or have you ever been a member or supported the basic beliefs of any group, association, or organization which advocates aggression or violence toward any person or group of persons because of RACE, RELIGION, or ETHNIC ORIGIN?**

Yes      No      *If yes, please provide details:*

## DRUG HISTORY

43. Have you ***EVER*** used, tried or experimented with ***ANY*** habit forming or unlawful drug such as hallucinogens, barbiturates, amphetamines, cocaine, mushrooms, heroin, marijuana, anabolic steroids, inhalants, gases, or ***ANY*** controlled substance in ***ANY*** form?

Yes     No    *If Yes, please list:*

*Drug Type*

*Last Date Used (Month/Year)*

\_\_\_\_\_

*Drug Type*

\_\_\_\_\_

*Last Date Used (Month/Year)*

\_\_\_\_\_

*Drug Type*

\_\_\_\_\_

*Last Date Used (Month/Year)*

\_\_\_\_\_

*Drug Type*

\_\_\_\_\_

*Last Date Used (Month/Year)*

\_\_\_\_\_

*Drug Type*

\_\_\_\_\_

*Last Date Used (Month/Year)*

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44. Have you used another person's prescribed medication, to include ADHD medication?

Yes     No    *If Yes, please explain:*

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45. Did you ever buy, sell, or distribute any type of illegal drug(s) to include prescription medication?

Yes     No    *If Yes, please explain:*

46. Have you ever illegally used any other type of drug not mentioned?

Yes

No

If Yes, please explain:

47. Do you now associate with anyone who uses illegal drugs?

Yes

No

If yes, please explain and include date of last contact:

48. Do you use any tobacco products (CIGARETTES, CIGARS, PIPE, CHEW, VAPE OR SNUFF)?

Yes

No

**THIS DEPARTMENT REQUIRES ALL NEW POLICE OFFICERS TO BE NON-TOBACCO USERS. YOU WILL BE REQUIRED TO SIGN AN EMPLOYMENT CONTRACT TO THAT EFFECT.**

**OTHER APPLICATIONS**

49. Have you **EVER** submitted an application for employment with any **FEDERAL, STATE, or LOCAL LAW ENFORCEMENT AGENCY**?

Yes

No

List ALL law enforcement related agencies you have applied with and give the status of your application. (please note if you were disqualified or advised of better qualified applicants)

Date: \_\_\_\_\_ Agency: \_\_\_\_\_ Position: \_\_\_\_\_ Status: \_\_\_\_\_

Complete address & assigned investigator (if known):  
\_\_\_\_\_

Please check ALL phases completed in your process with this agency:

Application  Written Exam  Agility Test  Interview  Polygraph  Psychological  Medical

Date: \_\_\_\_\_ Agency: \_\_\_\_\_ Position: \_\_\_\_\_ Status: \_\_\_\_\_

Complete address & assigned investigator (if known):  
\_\_\_\_\_

Please check ALL phases completed in your process with this agency:

Application  Written Exam  Agility Test  Interview  Polygraph  Psychological  Medical

**Date:** \_\_\_\_\_ **Agency:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Status:** \_\_\_\_\_

\_\_\_\_\_  
**Complete address & assigned investigator (if known):**

**Please check ALL phases completed in your process with this agency:**

*Application*    *Written Exam*    *Agility Test*    *Interview*    *Polygraph*    *Psychological*    *Medical*

**Date:** \_\_\_\_\_ **Agency:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Status:** \_\_\_\_\_

\_\_\_\_\_  
**Complete address & assigned investigator (if known):**

**Please check ALL phases completed in your process with this agency:**

*Application*    *Written Exam*    *Agility Test*    *Interview*    *Polygraph*    *Psychological*    *Medical*

**Date:** \_\_\_\_\_ **Agency:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Status:** \_\_\_\_\_

\_\_\_\_\_  
**Complete address & assigned investigator (if known):**

**Please check ALL phases completed in your process with this agency:**

*Application*    *Written Exam*    *Agility Test*    *Interview*    *Polygraph*    *Psychological*    *Medical*

**Date:** \_\_\_\_\_ **Agency:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Status:** \_\_\_\_\_

\_\_\_\_\_  
**Complete address & assigned investigator (if known):**

**Please check ALL phases completed in your process with this agency:**

*Application*    *Written Exam*    *Agility Test*    *Interview*    *Polygraph*    *Psychological*    *Medical*

**Date:** \_\_\_\_\_ **Agency:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Status:** \_\_\_\_\_

\_\_\_\_\_  
**Complete address & assigned investigator (if known):**

**Please check ALL phases completed in your process with this agency:**

*Application*    *Written Exam*    *Agility Test*    *Interview*    *Polygraph*    *Psychological*    *Medical*



**Continuation Sheet:** Use the space below to provide details or clarification for any answers that require additional information. Please indicate the question number next to EACH response. If more space is required, attach additional pages as needed.

# ARLINGTON COUNTY POLICE DEPARTMENT

## PERSONNEL AND RECRUITMENT UNIT

### Disclosure of Medically-Related Information

In accordance with the Americans with Disabilities Act (ADA), the Genetic Information Nondiscrimination Act (GINA), applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

I hereby certify that every statement made on this questionnaire is true and complete to the best of my knowledge.

I understand that any **deliberate misstatement(s) or omission(s)** may be grounds for my disqualification as an applicant OR for **termination after hire**. I understand that I will be required to verify all information given on this questionnaire. Employment will be contingent upon the results of a complete background investigation. I also understand that all appointments are probationary for a period of up to 12 months after completion of the police academy, during which time I must demonstrate my fitness for continued employment by the Arlington County Police Department.

**Print Name:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\* Signature must be provided under the certification of a notary public \*

### Notarization:

State of \_\_\_\_\_ County/City of \_\_\_\_\_

This date \_\_\_\_\_ personally appeared before me and acknowledged his/her signature to the above statement.

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public